

DOI: <https://doi.org/10.56936/18290825-3.19v.2025-108>**ACUTE INTRATUMORAL HEMORRHAGE IN A MENINGOTHELIAL MENINGIOMA: A CASE REPORT OF EMERGENCY RESECTION****FANARJYAN R.V.^{1*}, ZAKARYAN A.V.¹, KALASHYAN M.V.¹, ZAKARYAN A.N.^{1,2}**¹. Department of Neurological Surgery, Yerevan State Medical University, Yerevan, Armenia². “ArtMed” Medical Rehabilitation Center, Neurosurgery Service, Yerevan, Armenia

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ABSTRACT

Meningiomas are the most common benign, slow-growing, nonglial primary intracranial neoplasms, accounting for approximately 30% of all primary brain tumors. While typically indolent, spontaneous intratumoral hemorrhage is rare, occurring in less than 2% of cases, but may lead to acute neurological deterioration or death.

We report the case of a 70-year-old woman who was transported to the emergency department with acute headache, dizziness, nausea, and a recent history of focal seizures involving the right upper and lower extremities. On arrival, the patient exhibited only mild neurological deficits; however, her condition rapidly worsened. Emergent non-contrast head CT revealed a heterogeneous hyperdense mass in the left parietal region, consistent with intratumoral hemorrhage, and associated midline shift. Contrast-enhanced imaging demonstrated a well-circumscribed, enhancing lesion suggestive of a meningioma.

The patient underwent emergency craniotomy with total resection of the mass and evacuation of the hematoma. Histopathological analysis confirmed a meningothelial meningioma, WHO Grade I, with areas of hemorrhagic necrosis. Postoperatively, the patient showed a rapid and complete neurological recovery, was ambulatory by postoperative day six, and demonstrated no signs of recurrence on imaging at one-month follow-up.

This case emphasizes the rare but critical presentation of hemorrhagic meningiomas. It underscores the importance of considering this diagnosis in patients with acute neurological symptoms and known or suspected intracranial masses. Early imaging and prompt surgical intervention are vital in ensuring favorable outcomes.

KEYWORDS: convexital meningothelial meningioma, hemorrhagic onset, total resection, decompression, tumor control.

INTRODUCTION

Meningiomas are benign, slow-growing intracranial tumors arising from arachnoid cap cells, most commonly affecting middle-aged and elderly women [Wiemels J et al., 2010; Whittle IR et al., 2004; Louis DN et al., 2021]. Meningothelial meningiomas—also referred to as syncytial or endothelial meningio-

mas—are the most frequent histological subtype, accounting for about 60% of cases. They are typically classified as WHO Grade I low-grade tumors [Louis DN et al., 2016; Perry A et al., 2007; Greenberg MS, 2022; Gousias K et al., 2016], indicating a slow rate of cellular proliferation. We present the case of a pa-

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